


MEMORANDUM

September 20, 2011

TO: Health and Human Services Committee
Education Committee

FROM: Vivian Yao, Legislative Analyst, 

SUBJECT: **Discussion – Teen Pregnancy in MCPS and other Reproductive Health Issues**

The Health and Human Services (HHS) and Education Committees have scheduled an overview discussion of issues relating to teen pregnancy in MCPS and other reproductive health issues. The individuals expected to participate in today's discussion include:

- Dr. Ulder Tillman, County Health Officer, Public Health Services, Department of Health and Human Services (DHHS)
- Chrisandra Richardson, Associate Superintendent, Special Education and Student Services, Montgomery County Public Schools
- Diego Uriburu, Executive Director, Identity, Inc.
- Susan Wood, Associate Professor and Director, Jacobs Institute of Women's Health, the George Washington University School of Public Health and Health Services
- Karen Butler-Colbert, Executive Director, Teen and Young Adult Connection (TAYA)
- Laura Meyers, CEO, Planned Parenthood of Metropolitan Washington DC

I. BACKGROUND

The Committees have been monitoring teen pregnancy trends in the County and nationally for a number of years. In 2007, the Committees held a briefing on teen pregnancy in response to 2005 data reflecting increasing adolescent births in the County, particularly for Hispanic females ages 18-19. Subsequently, data from 2005-2007 evidenced a widening gap among the birth rate for Hispanic females ages 15-17 and those for African American and White females.

Within the last two years, the HHS Committee has also discussed a range of reproductive health issues. It reviewed the recommendations of the Montgomery County Reproductive Health, Advocacy, and Education Work Group, which advocated for expanded family planning

capacity, the development of culturally competent services, and expanded outreach in targeted communities through social media and other technologies. The Committee also held a worksession on an Office of Legislative Oversight report on Medicaid waiver programs that expand eligibility for and access to family planning services.

The Committees will hear information and discuss the following at this meeting:

- The latest data and trends related to adolescent pregnancy and births in Montgomery County;
- Teen pregnancy prevention and pregnancy and parenting support services offered to adolescents;
- School-based educational support services for pregnant and parenting teens;
- Updates on other reproductive health and family planning issues including progress being made on recommendations of the Montgomery County Reproductive Health Work Group, the status of the Family Planning Works Act, and the status of federal funding for Planned Parenthood of Metropolitan Washington.

II. DATA AND TRENDS

Demographic highlights from the attached presentations are included in this section (see also ©3-6). The most recent data regarding adolescent births provided through the Maryland Vital Statistics Administration is for calendar year 2009.

Birth rate trend data for adolescents ages 15-17 is attached at ©5. The following summarize birth rate trends for the 15-17 aged population:

- The adolescent birth rate for all females from 2007-2009 was 10.6 births per 1,000 females, lower than the 14-year high of 12.8 births for 1996-1998, but higher than the 14-year low of 9.2 births from 2002-2005.
- The birth rate among Hispanic females from 2007-2009 was 39.7 births per 1,000 females, an increase from the 1997-1999 rate of 33.2 births (14-year low). The most recent data evidences wider gaps between White and Black/African American births -- over 2½ times larger than the Black/African American rate and almost 4 times larger than the White birth rate for the same period.
- Black/African American births have declined from the 1996-1998 rate of 25.5 births per 1,000 females (14-year high) to the 2007-2009 rate of 14.9 births.
- White births are slightly higher at 10.6 births per 1,000 females in 2007-2009 than the 9.8 rate in 1996-1998 and the 14-year low of 7.1 in 2002-2004.

Data showing the birth rates trends for adolescents ages 18-19 is attached at ©6. The birth rate for the 18-19 year old population is almost four times higher than the 15-17 year old population for 2007-2009. Hispanic births have increased by almost 60% in the past 12 years, though the 2007-2009 rate of 120.1 births per 1,000 females is down from the 2005-2007 12-year high of 136.4 births. The 2007-2009 periods rates for White births (39.5 births per 1,000 females) and Black/African American births (56.6 births) has remained level in the last four years.

III. SCHOOL-BASED TEEN PREGNANCY AND PARENTING SERVICES

A. SCHOOL HEALTH AND COMMUNITY HEALTH CASE MANAGEMENT SERVICES

The DHHS presentation includes a schematic at ©8 that describes the case management services provided by School Health Services (SHS) and Community Health Services (CHS) to pregnant and parenting teens including which services are delivered by both entities and which are unique to a particular entity. Both entities provide:

- assessments,
- access to entitlement programs,
- referrals to resources,
- pre-natal education,
- reproductive health counseling and referrals, and parenting support.

Unique responsibilities for SHS are related to educational goals, and CHS performs home visits and other post-partum supports. The presentation also describes instances when CHS and SHS nurses collaborate to serve individuals including high risk pregnant teens and pregnant teens on summer break (©9)

Case management numbers for pregnant teens is included at ©11-12 and for parenting teens at ©16-18. Council staff makes the observations regarding this information:

- The number of new and carry-over pregnancies being case-managed by SHS appears to be on the decline. The FY11 total of 306 cases (171 new pregnancies) is on par with the FY07 level. The six-year high was in FY09 with 413 cases -- 275 new pregnancies and 138 carry-over cases.
- CHS is seeing a significantly higher number of new pregnancies than SHS, which reverses the trend previously reviewed by the Committees. For FY11, the number of new pregnancies known by CHS was 75% higher for females ages 17 and under (235 pregnancies) than for SHS (134 pregnancies), and over 11 times higher for females ages 18 and over (460 pregnancies compared to 37 pregnancies). **The Committees may want to ask for CHS service totals from prior fiscal years to determine trends in usage. The Committees may be interested in exploring what accounts for the increase in CHS cases and what factors determine whether a teen seeks service through CHS or SHS. Are pregnant or parenting teens who access CHS services typically out-of-school?**
- In FY11, of the 189 parenting students known to SHS, 24% (46 students) were ages 18 or over; 139 students were ages 15-17, and less than five cases were under 15. Eight students (4%) were parenting more than one child.
- CHS worked with 911 parenting teens, almost five times the number of parenting teens seen by SHS. **The Committees may want to ask for additional information about the**

parenting teens that CHS is working with including a break out by age range and race/ethnicity, service totals from prior fiscal years, and the total number of children being parented. The Committees may also want to ask what factors accounts for the high CHS numbers compared to SHS numbers and what percentage of teen births are case managed by CHS and SHS.

- The percentage of students who received HHT services but eventually dropped out of school ranged from 20% for those who received service in FY11 to 27% for FY09. Data regarding the current school status of teens who accessed CHS services was not made available.

The presentation also highlights the services delivered by SHS at the Northwood Wellness Center as a model program (©22).

B. MCPS HOME AND HOSPITAL TEACHING SERVICES

MCPS provides home and hospital teaching (HHT) instructional services to students, who are unable to attend a regular school program due to a physical or emotional condition. Students in a full day program typically receive 6 hours of instruction weekly. Students in a half day program receive 3 hours of instruction weekly. Information on how students learn and sign up for the program is attached at ©27.

Usage information for HHT services for the last four complete school years is attached at ©23-26, 28-30. The following chart compares the number of students receiving HHT services, the number of pregnant students case-managed by SHS, and the number of pregnant students case- managed by CHS for four years:

	FY08	FY09	FY10	FY11
HHT Students served	103	107	99	81
SHS Students Case-Managed	337	413	342	306
CHS Students	n/a	n/a	637	695

Some highlights from the data include:

- The total number of students receiving HHT services is significantly lower than the number of students receiving case management services from SHS and CHS.
- The percentage of students receiving HHT services who were FARMS recipients ranged from 51.5% to 79.5% by fiscal year.
- The last marking period average prior to the fiscal year in which recipients received HHT services was below 2.0 on average. The averages ranged from .8 for 10th graders in FY09 to 2.0 for 12th graders in 2009. **The Committee may be interested in receiving additional information including the actual numbers of students who received**

averages within specific grade ranges, e.g., below 1.00, 1.00-1.99, 2.00-2.49, and 2.5 or above.

- In FY11, 65.4% of students receiving HHT services were Hispanic, 25.9% were Black, 6.2% were White, and 2.5% were Asian.
- The percentage of students who received HHT services but eventually dropped out ranged from 6.5% for those who received services in FY09 to 10.3% for 2011.

It appears that students who HHT services are less likely to drop out of school than the overall population case-managed by SHS. Nevertheless, there are significantly more teens who are case managed by DHHS than avail themselves of HHT services. What factors prevent case-managed teens from accessing HHT services? Are there strategies that can be implemented across agencies to increase the numbers and percentages of pregnant and birthing teens accessing HHT services?

Council staff is also concerned about the large number of pregnant and parenting teens with whom CHS is working, to the extent that this evidences a significantly large and/or growing number of pregnant and parenting teens who are no longer in school. Additional information from CHS would be useful to provide a more comprehensive picture of potential problems and trends.

C. SCHOOL-BASED TEEN PREGNANCY PREVENTION & PARENTING ACTIVITIES

Information about school-based teen pregnancy and parenting activities is attached to the packet at ©20. The different efforts include individual counseling and referrals by the school nurse, teen parent support groups, activities sponsored by the Interagency Coalition on Adolescent Pregnancy, classroom health education, and pregnancy prevention collaborations. Information regarding prevention services provided by Crittenton Services was also made available to Council staff and is attached to the packet at ©31-34.

In addition, a newly-funded collaborative, school-based program is starting in the County. George Washington University School of Public Health and Health Services (SPHHS), in partnership with Identity Inc., Mary's Center, and Teen and Young Adult (TAYA) Health Connection, was awarded a five-year, \$5 million grant from the federal Department of Health and Human Service's Office of Adolescent Health. The grant, which supports efforts to reduce teen pregnancy rates and risky behaviors among Latino youth, is part of a \$155 million commitment to support the replication of teen pregnancy prevention programs shown to be effective to combating teen pregnancy.

Diego Uriburu with Identity Inc. and Susan Wood with the GWU School of Public Health and Health Services will describe the work in Montgomery County that will be supported by the grant.

The Committees may want to discuss with participants whether there may be other cost-neutral strategies that can be implemented to address the complex needs of adolescents and lower the current adolescent birth rates.

IV. OTHER REPRODUCTIVE HEALTH ISSUES

The Committees will be reviewing other reproductive health related issues. Dr. Tillman is expected to provide an update to the Committees on efforts made to further the recommendations of the Montgomery County Reproductive Health, Advocacy, and Education Work Group (©35-39). The Work Group published its recommendations in January 2010 (©40-59). The Work Group advocated for expanded family planning capacity, the development of culturally competent services, and expanded outreach in targeted communities through social media and other technologies; through communication and social media.

The Committees will also hear from DHHS about the Maryland Family Planning Works Act, which was signed into law on May 19, 2011. The Act allows women who are at or below 200 percent of the federal poverty level to be eligible for Medicaid family planning services. Implementation of the law will be effective on January 1, 2012. Implementations details are described at ©38.

In addition, the HHS Committee Chair requested an update on efforts made earlier in the year to eliminate federal funding for Planned Parenthood at the national level. In February, the U.S. House of Representatives passed a bill that prohibited Planned Parenthood from receiving federal funds for any purposes. The measure would have prevented Planned Parenthood from using federal funds to offer preventative health care for women. Proponents of the measure suggested that it would remove federal funding supporting organizations that provide abortions; however, federal law already prohibited the use of federal funds to provide abortions. Efforts to eliminate funding for Planned Parenthood continued in the negotiations over averting the federal government shut down in April. The final agreement kept intact funding to Planned Parenthood, but the deal included an abortion funding ban for Washington, D.C.

Laura Meyers, Executive Director of Planned Parenthood of Metropolitan Washington is expected to participate in the meeting and will be available to answers the Committees' questions related to this issue. Although the issue of federal support for Planned Parenthood was resolved, Ms. Meyers anticipates that there will efforts to revive attempts to defund Planned Parenthood in Congress.

<u>The packet contains the following attachments:</u>	<u>Circle #</u>
Adolescent Pregnancy in Montgomery County Presentation (DHHS/PHS)	1-22
MCPS Report on Home and Hospital Teaching Services	23-30
Description of Pregnancy Prevention Services Offered by Crittenton Services	31-34
Reproductive Health and Family Planning Services Presentation (DHHS/PHS)	35-39
January 25, 2010 Report of Montgomery County Reproductive Health, Advocacy, and Education Work Group	40-59

Adolescent Pregnancy

in Montgomery County



September 22, 2011
HHS, Public Health
Services

Adolescent Birth Rates

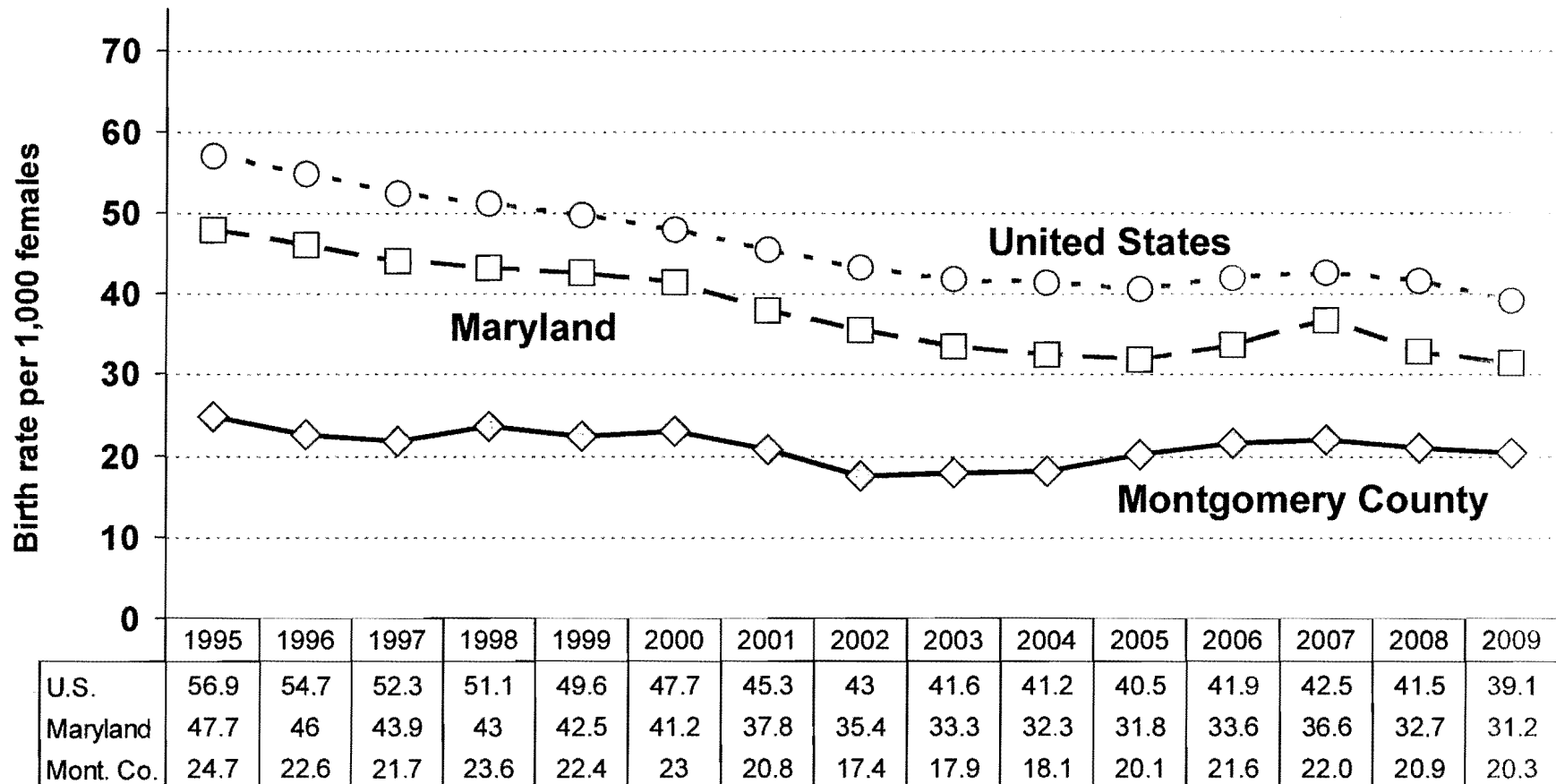
U.S. / Maryland / Montgomery County

Age Breakout

Race/Ethnicity: 15-17 years

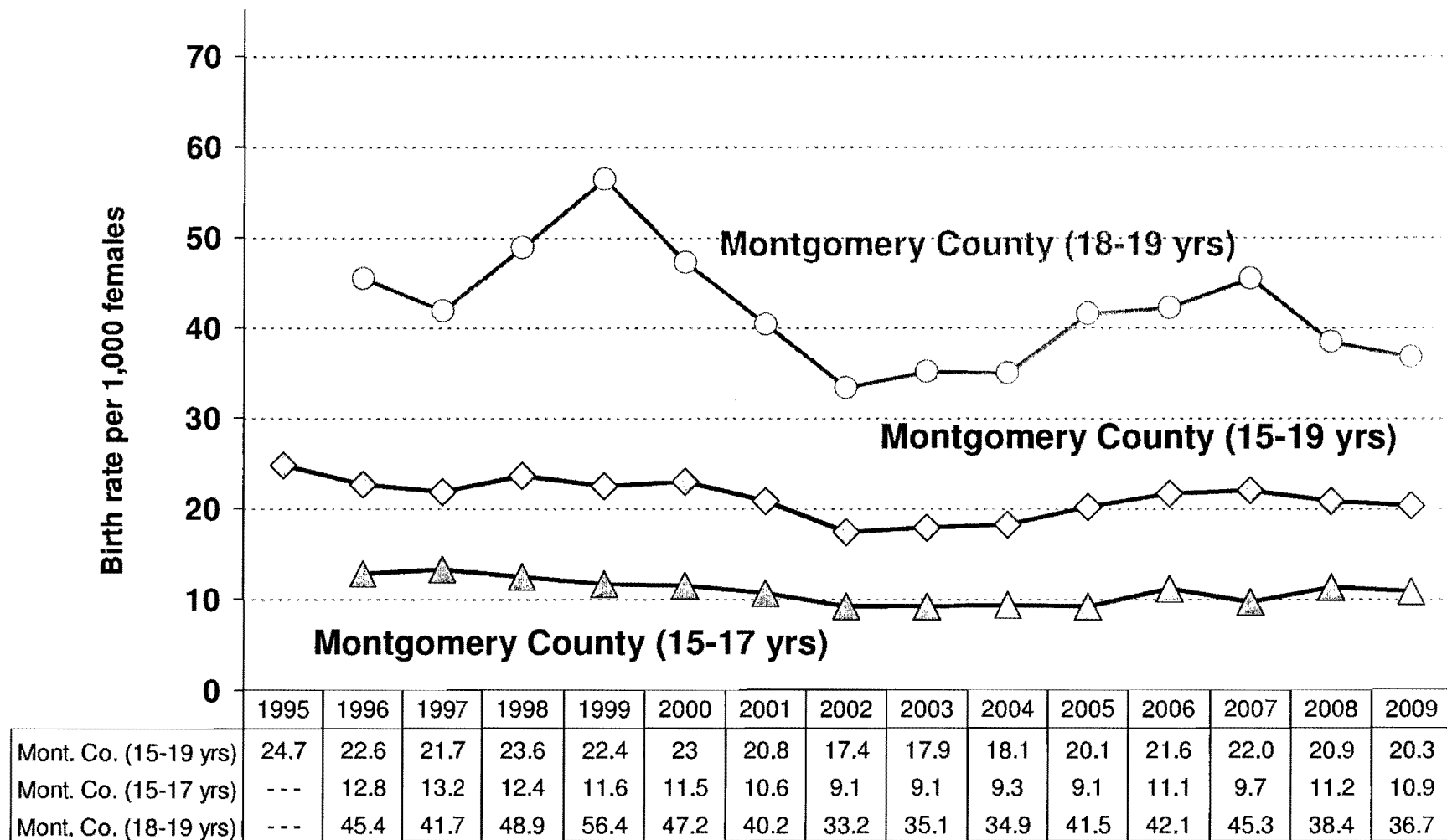
Race Ethnicity: 18-19 years

Adolescent Births per 1,000 Females 15-19 Years, United States, Maryland, and Montgomery County, 1995-2009



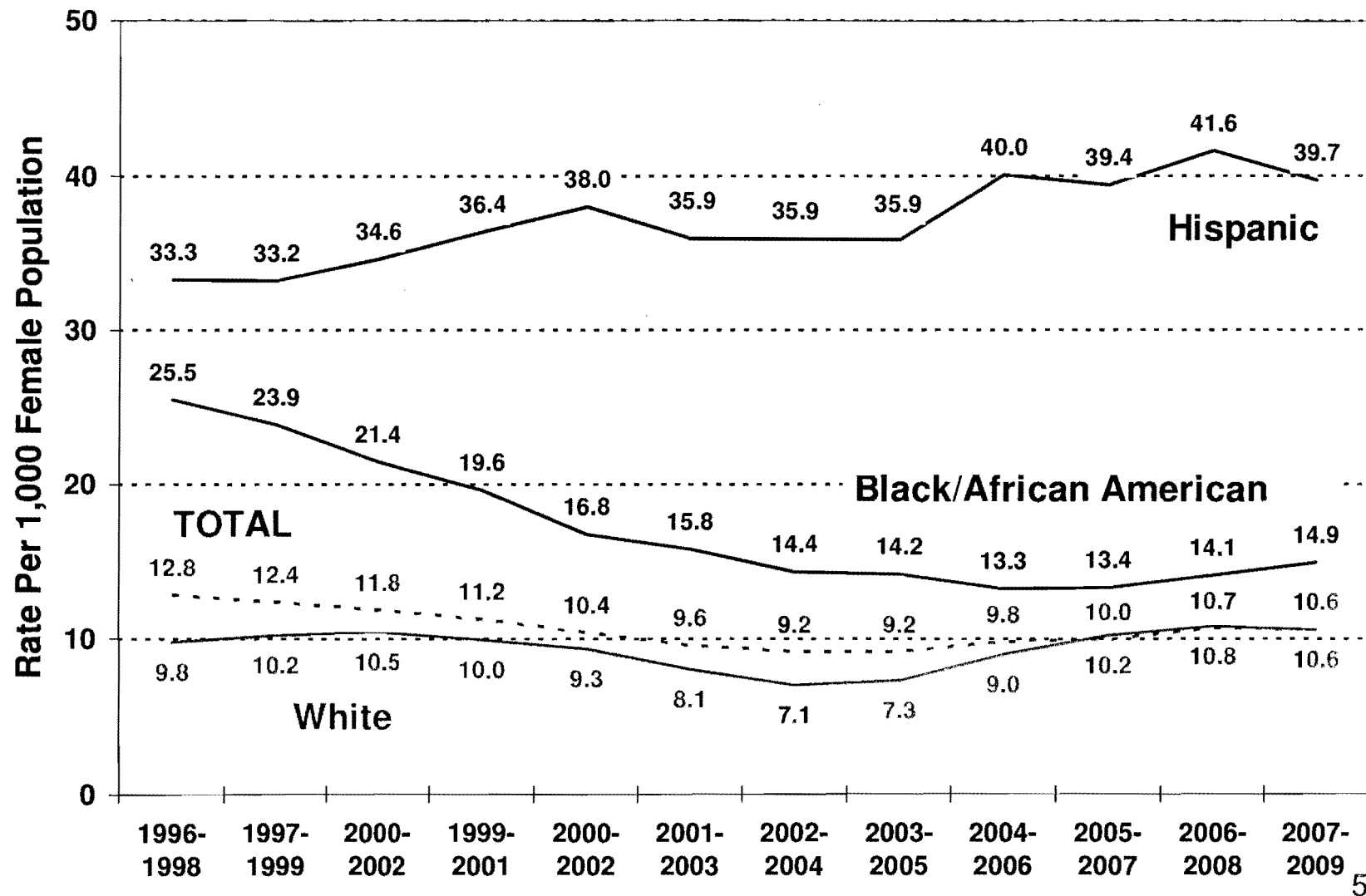
SOURCE: Maryland Vital Statistics Administration, 1995-2009 Annual Report.

Adolescent Births per 1,000 Females 15-19 Years in Montgomery County 1995-2009



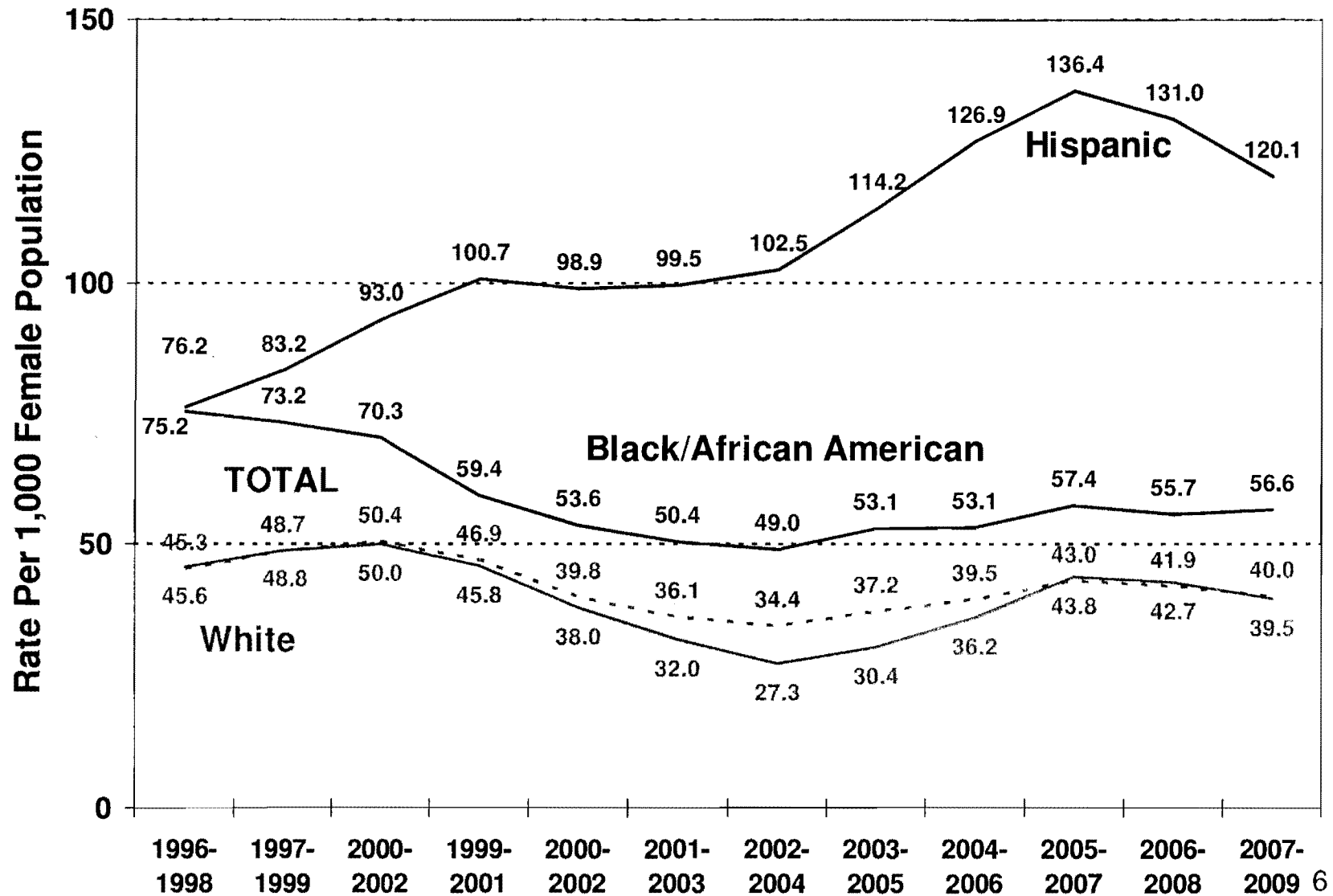
SOURCE: Maryland Vital Statistics Administration, 1995-2009 Birth Records.

Adolescent (15-17 years) Birth Rate in Montgomery County By Race/Ethnicity 1996-2009



SOURCE: Maryland Vital Statistics Administration, 1996-2009 Birth Records;

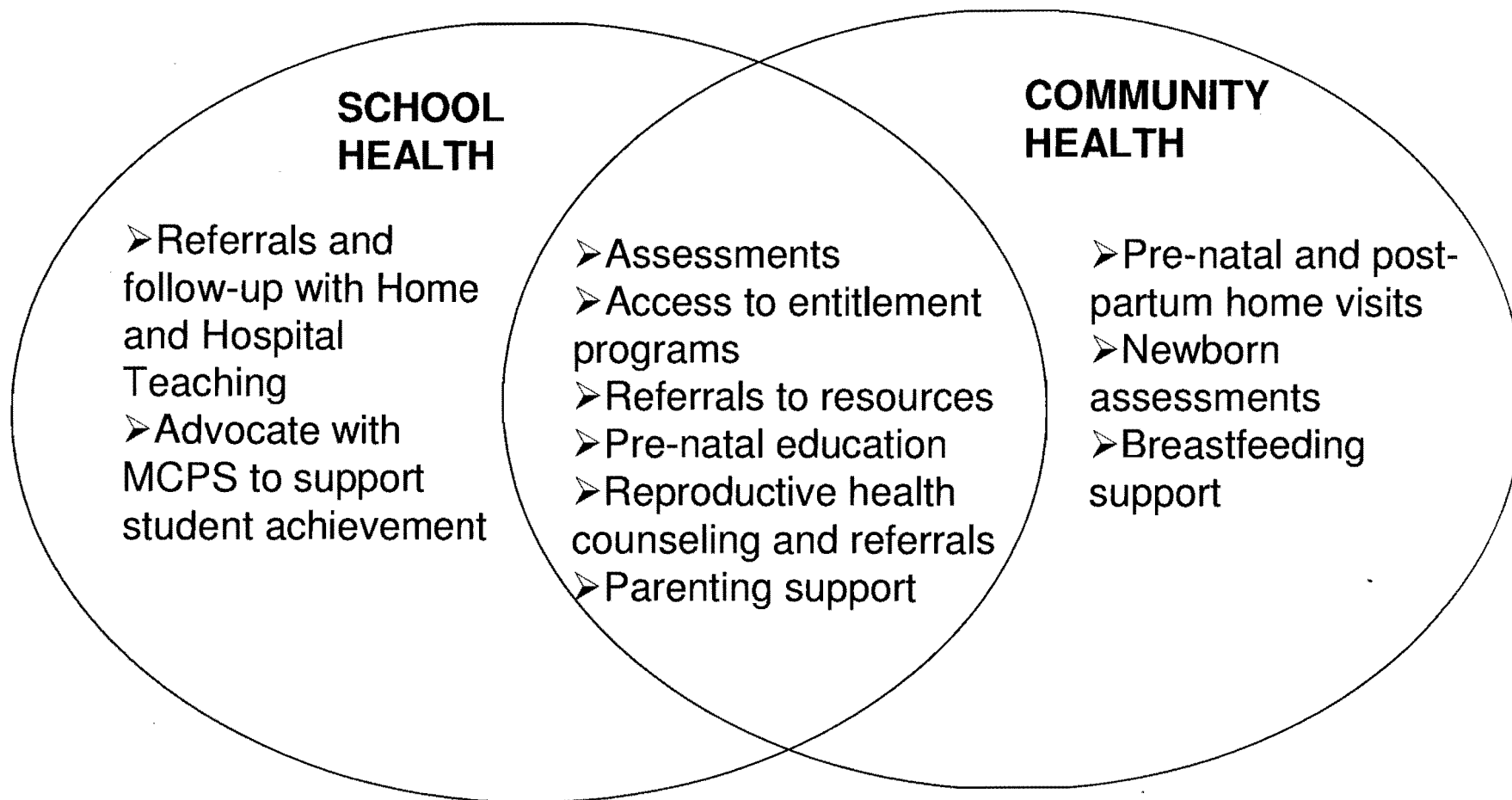
Adolescent (18-19 years) Birth Rate in Montgomery County By Race/Ethnicity 1996-2009



SOURCE: Maryland Vital Statistics Administration, 1996-2009 Birth Records;

How Case Management Services are Delivered

Case Management Services



Collaboration between Community Health and School Health Nurses

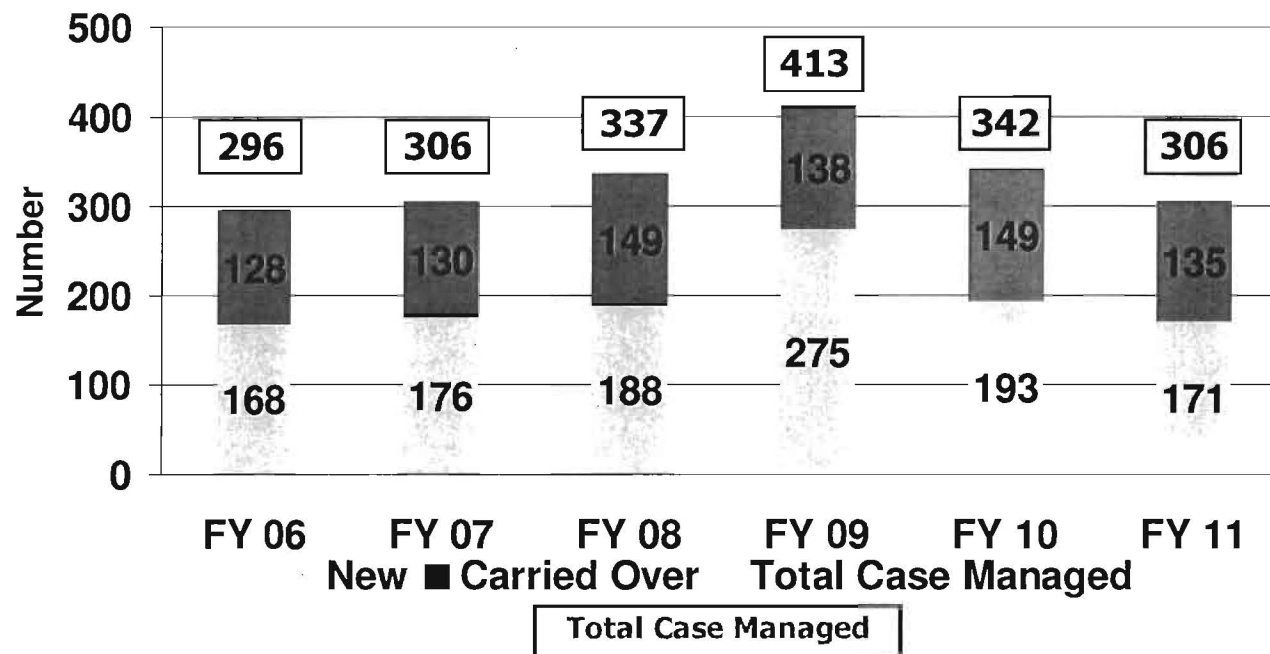
High risk factors include:

- Teens \leq 16 years old
- Abuse/Violence
- <1 year since last delivery
- History of fetal /infant death
- Disability (mental/physical/development)
- Housing/ environmental concerns
- Smoking/ tobacco, drugs, or alcohol use

Fiscal Year	High Risk Pregnant Teens	Summer Break Pregnant Teens
FY 10	120	66
FY 11	140	48

Case Management Distribution

Total Number of Students Case Managed by School Health Nurses -- New and Carryover



New = Case-managed pregnancy that is reported within current school year

Carryover = Case-managed pregnancy or parent from previous school years

SOURCE: Montgomery County Department of Health and Human Services, Public Health Services, School Health Services; SHINE Database.

New Pregnancies Known - by Age

School Health	17 & Under	18+ Yrs
FY 10	151	42
FY 11	134	37

Community Health	17 & Under	18+ Yrs
FY 10	234	403
FY 11	235	460

Current School Status of Students

Current School Status for Students Known to School Health Services

School Year	In School	Graduated	Moved	Dropped Out
FY 09 (n=275)	107	81	12	75
FY 10 (n=193)	72	71	7	43
FY 11 (n~170)*	110	38	<5	22

NOTE: These numbers represent the status of students who reported a pregnancy in that school year.

n= Total number

** = Due to small number of events in one category, unable to show total.*

Information about Parenting Teens

Parenting Students Known to School Health Services, by Age

AGE	Under 15 Yrs	15-17 Yrs	18+ Yrs
FY 09	<5	103	27
FY 10	<5	149	41
FY 11	<5	139	46

School Health Services Pregnant and Parenting Teens Support Groups

In FY 11, 14 high schools had an active support group.

Parenting students with more than 1 child:

- FY 09 5 students = 4% (of 131)
- FY 10 9 students = 5% (of 193)
- FY 11 8 students = 4% (of 189)

The large number of new pregnancies in 2009 is reflected in a larger number of parenting students in 2010 and 2011. Data collected for 2009 taken January 2009. Data collected for 2010 and 2011 were taken in the month of June.

Parenting Students Known to School Health - FY 11

- Total number of parenting students **189**
- Total number of children being parented **197**
 - » 0 – 2 years old: 174 (92%)
 - » 3 + years old: 23 (12%)
- By race:

• Asian: Less than 5 cases	Multiracial: Less than 5 cases
• Black: 49	White: 10
• Hispanic: 125	
- By age group:
 - 11 – 14 years old: Less than 5 cases
 - 15 – 17 years old: 139
 - 18 + years old: 46
- Total number of children in child care and type of child care:

• Licensed daycare:	18 (10%)
• Unlicensed daycare:	8 (5%)
• Family / Friends:	154 (81%)
• More than one / Other:	9 (5%)

Community Health Services

Out of School Teens Provided Parenting Skills

Fiscal Year	Number of Teens (New and Carry Over)
FY 10	1000*
FY 11	911*

*Any teen who has had a child up to 6 months of age or older

Prevention Activities

School-based Teen Pregnancy Prevention & Parenting Activities

- Quarterly case management trainings for all nurses
- School nurse individual counseling & referrals
- Teen Parent Support Groups
 - *A Wider Circle *Crittenton Services *YMCA Youth & Family Services
- ICAP – FY11 Activities and Accomplishments
 - 16th Annual Teen Parent Conference – March 24, 2011
 - 158 students and 142 professionals; 27 vendors at Resource Fair
 - Parent & Children Talking (PACT) Workshops
 - 376 adults and 182 children attended; majority Hispanic: Over 40 professionals trained
 - Workshops provided at 20 sites, including 11 middle schools
- Classroom Health Education
- Pregnancy Prevention Collaborations:
 - *TAYA *Planned Parenthood *Crittenton Services

A Model Program

Northwood HS Wellness Center

School Health Services

Pregnancy Prevention & Support Activities

- Reproductive health services:
 - Preventive and primary care services
 - sexually transmitted disease testing
 - assistance with MCHP applications,
- Youth development services:
 - individual, family and group counseling
 - case management for sexual health, family outreach, and social services
- Collaboration among DHHS, MCPS and other community health resources
- Teen pregnancy and parenting support for students 1:1 and in small groups
- Female and male empowerment groups that include reproductive health as part of the curriculum
- “Be Yourself” group that includes a module specifically targeting pregnancy and sexually transmitted disease prevention
- Mental health support groups related to healthy relationships

Students Receiving HHT Due to Pregnancy
OLO Data Request
August 2011

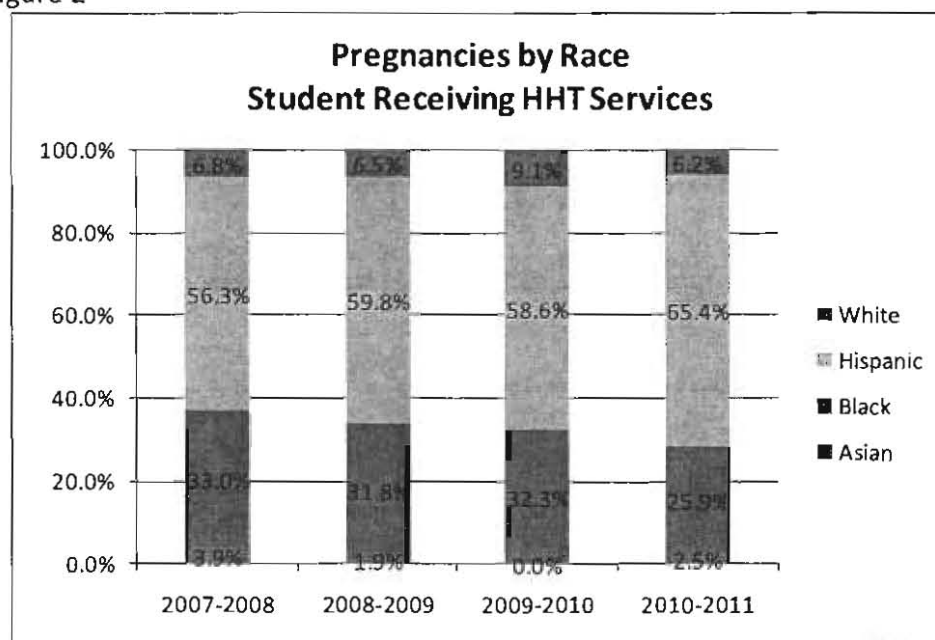
I. Racial Demographics of MCPS Students Receiving HHT for Pregnancy Reasons

Figure 1

	2007-2008		2008-2009		2009-2010		2010-2011	
Asian	4	3.9%	2	1.9%	0	0.0%	2	2.5%
Black	34	33.0%	34	31.8%	32	32.3%	21	25.9%
Hispanic	58	56.3%	64	59.8%	58	58.6%	53	65.4%
White	7	6.8%	7	6.5%	9	9.1%	5	6.2%
Total	103	100.0%	107	100.0%	99	100.0%	81	100.0%

*Too few students to report.

Figure 2



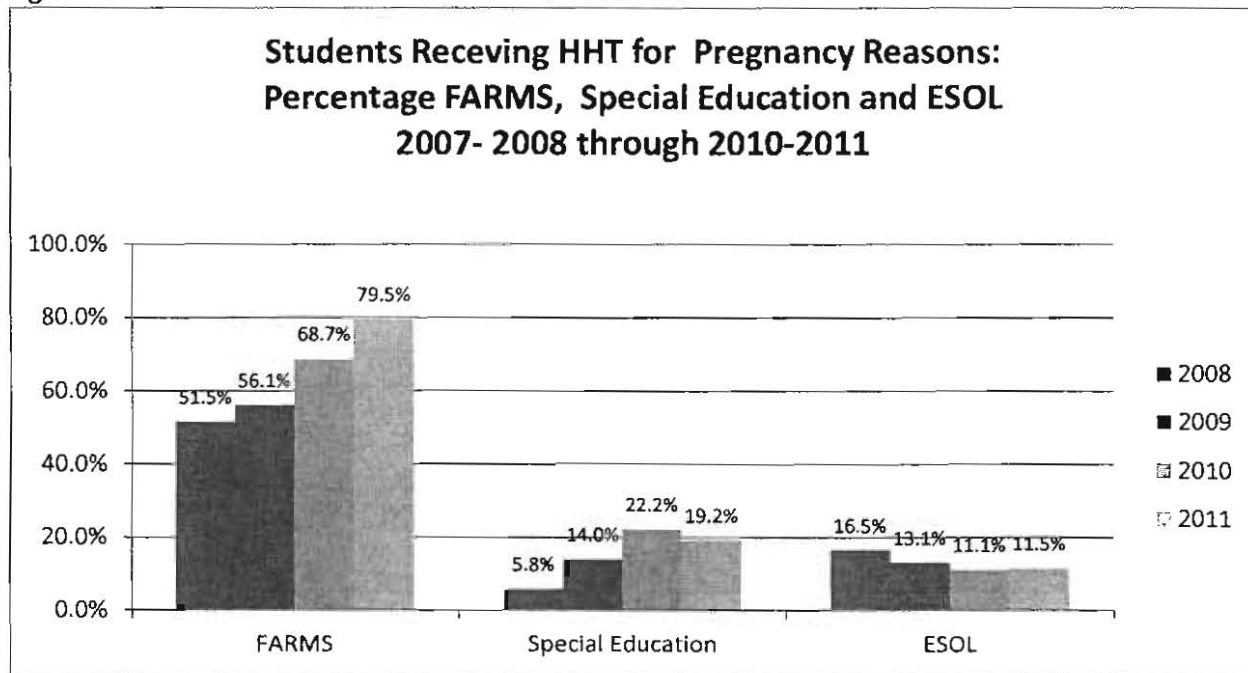
Students Receiving HHT Due to Pregnancy
OLO Data Request
August 2011

II. Number and Percentage of Students Receiving HHT Services Due to Pregnancy By Services Received

Figure 3

	2008		2009		2010		2011	
FARMS	51	51.5%	60	56.1%	68	68.7%	62	79.5%
Spec.Ed.	6	6.1%	15	14.0%	22	22.2%	15	19.2%
ESOL	17	17.2%	14	13.1%	11	11.1%	9	11.5%

Figure 4



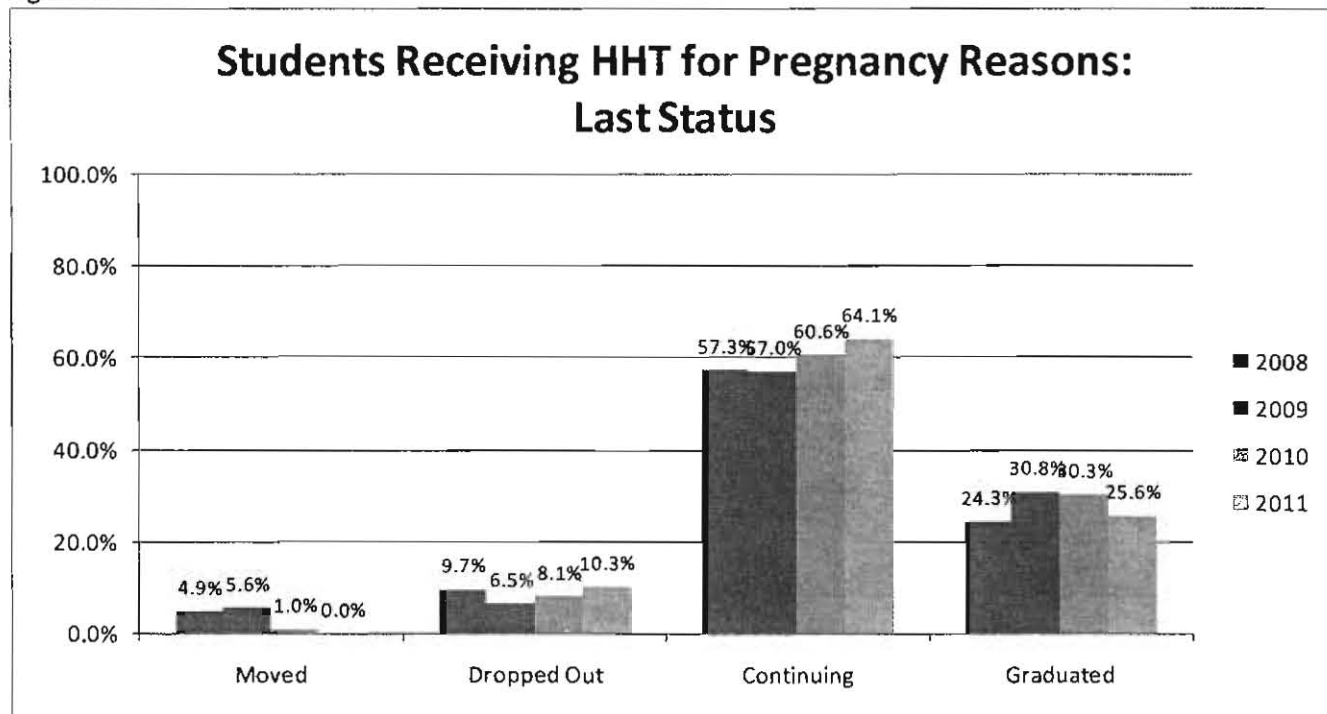
Students Receiving HHT Due to Pregnancy
OLO Data Request
August 2011

III. Students Receiving HHT Services For Pregnancy Reasons By Last Status and Fiscal Year

Figure 5

	2008		2009		2010		2011	
Moved	5	5.1%	6	5.6%	1	1.0%	0	0.0%
Dropped Out	10	10.1%	7	6.5%	8	8.1%	8	10.3%
Continuing	59	59.6%	61	57.0%	60	60.6%	50	64.1%
Graduated	25	25.3%	33	30.8%	30	30.3%	20	25.6%

Figure 6



Students Receiving HHT Due to Pregnancy

OLO Data Request

August 2011

- IV. Students Receiving HHT Services for Pregnancy Reasons: Number of full school years in MCPS, last marking period average in the prior school year, last status by the end of the school year for the 2007-08, 2008-09, and 2009-2010, 2010-2011 school years.

Grade	Indicators		Fiscal Year of HHT Service			
			2008	2009	2010	2011
9	Number of Students	Num.	7	19	11	10
	Age as of June 1st of Fiscal Year receiving HHT	Avg.	16.4	16.1	16.0	16.1
	Number of Years in MCPS as of Fiscal Year of HHT Service	Avg.	6.9	6.0	9.5	8.9
	Last Marking Period Average Prior to Fiscal Year of HHT	Avg.	1.7	1.4	1.2	1.6
10	Number of Students	Num.	30	20	16	23
	Age as of June 1st of Fiscal Year receiving HHT	Avg.	16.9	17.0	17.0	17.2
	Number of Years in MCPS as of Fiscal Year of HHT Service	Avg.	6.0	7.7	9.6	8.8
	Last Marking Period Average Prior to Fiscal Year of HHT	Avg.	1.4	.8	1.3	1.2
11	Number of Students	Num.	25	27	29	17
	Age as of June 1st of Fiscal Year receiving HHT	Avg.	17.8	17.4	17.5	17.8
	Number of Years in MCPS as of Fiscal Year of HHT Service	Avg.	8.1	8.9	9.3	7.8
	Last Marking Period Average Prior to Fiscal Year of HHT	Avg.	1.6	1.6	1.7	1.8
12	Number of Students	Num.	35	38	42	26
	Age as of June 1st of Fiscal Year receiving HHT	Avg.	18.7	18.5	18.6	18.3
	Number of Years in MCPS as of Fiscal Year of HHT Service	Avg.	8.4	8.6	9.4	9.0
	Last Marking Period Average Prior to Fiscal Year of HHT	Avg.	1.7	2.0	1.5	1.8

Students Receiving HHT Due to Pregnancy

OLO Data Request

August 2011

- V. Please describe how students learn about and sign up for HHT services. What organizations does MCPS collaborate with to disseminate information about these services?

Students/parents learn about HHT through:

- MCPS counselors, nurses, assistant principals, PPWs and psychologists
- HHT fliers distributed to schools bi-annually and at Back to School Fair
- Parents whose children have used the service tell other parents
- MCPS HHT Website
- Community physicians
- Hospitals and Treatment Centers (See list below under the last section)

How students sign up for HHT

- The parent/guardian completes an HHT application, MCPS Form 311- 15
 - Applications may be obtained from MCPS website, schools, and HHT office.
- Family notifies the principal designee of the need for HHT service
- Parent / guardian submits completed application to principal designee.
- Principal designee submits application to HHT office.
- HHT office staff reviews application
 - If application is not approved for service, the parent / guardian is notified immediately
- HHT Office staff assigns teacher to work with student and family
- Within 24 hours of accepting the assignment, the assigned teacher contacts the student's family to schedule a start date and location of instruction

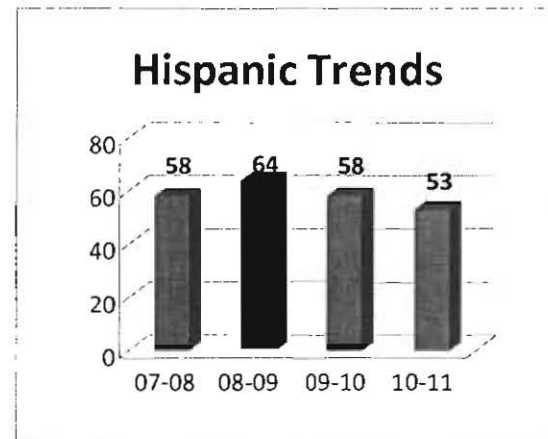
- VI. Please identify other school-based teen pregnancy prevention or teen pregnancy or parenting support activities and services provided by community-based partners from 2009 through 2011. For each service, please provide the number of students served; the location of the services; and the organization primarily responsible for delivering the service. If possible, please identify any decreases in the level of services provided and reason for the reduction, e.g., budget, demand, effectiveness, etc.

Collaborative Organizations:

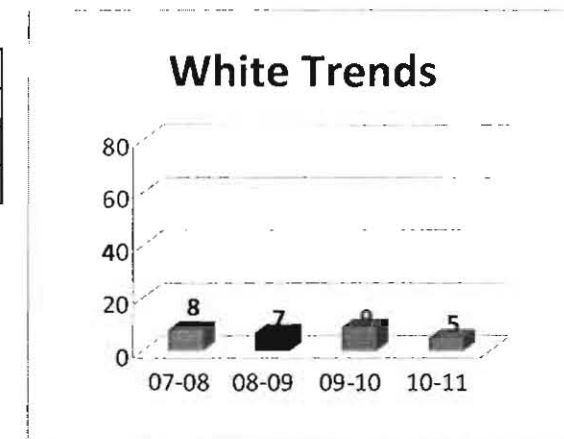
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|---|---|
| • Children's Hospital | • Montgomery County Department of Health and Human Services, School Health Services |
| • Crossroads Youth Opportunity | • Mount Washington Hospital |
| • Hospital for Sick Children | • Mountain Manor |
| • Identity | • National Institute Hospital |
| • Johns Hopkins Hospital | • National Rehabilitation Hospital |
| • Kennedy- Krieger Institute | • Pathways Treatment Center |
| • Montgomery County Correction Facilities | • Sharp Street |

HHT Pregnancy Trend Data
Dissaggregated by Race

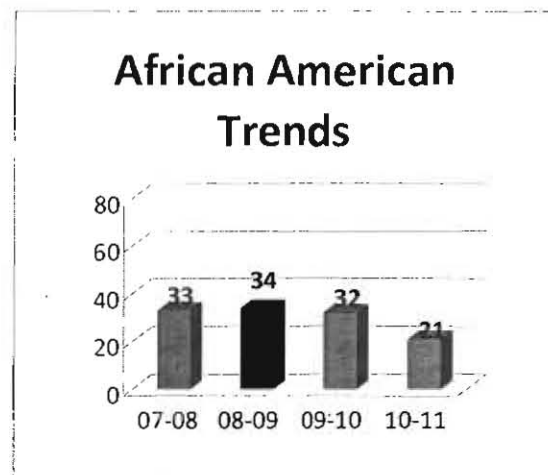
Hispanic	
07-08	58
08-09	64
09-10	58
10-11	53



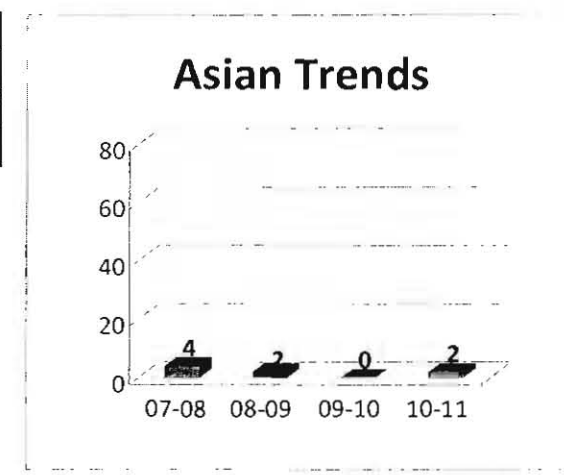
White	
07-08	8
08-09	7
09-10	9
10-11	5



African American	
07-08	33
08-09	34
09-10	32
10-11	21



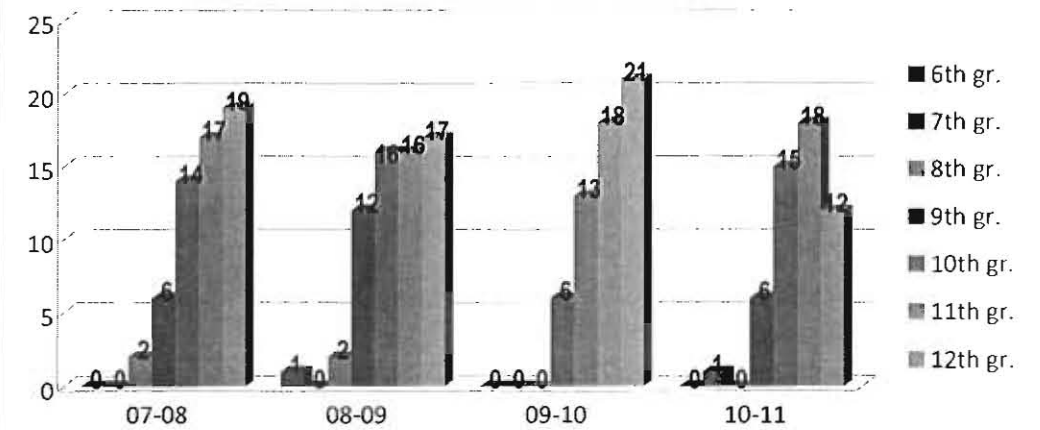
Asian	
07-08	4
08-09	2
09-10	0
10-11	2



Home and Hospital Teaching Trend Data
Dissaggregated by Race

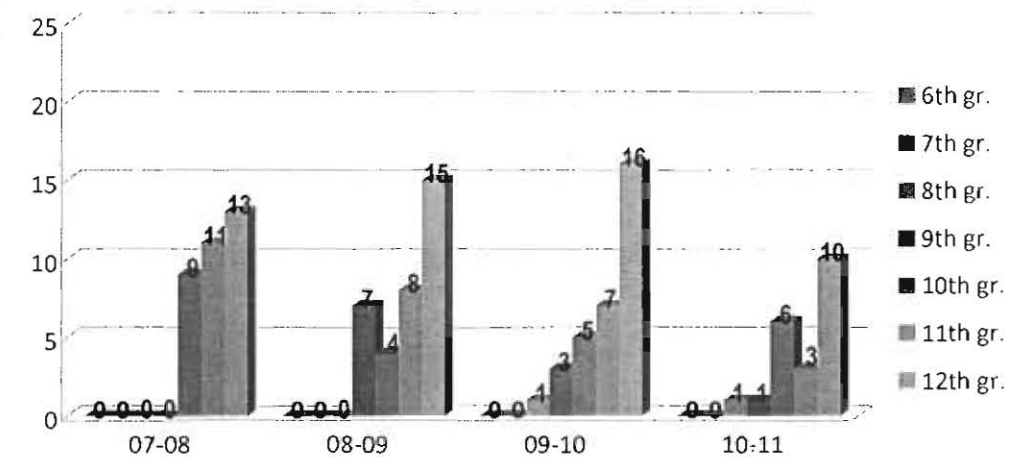
Hispanic	07-08	08-09	09-10	10-11
6	0	1	0	0
7	0	0	0	1
8	2	2	0	0
9	6	12	6	6
10	14	16	13	15
11	17	16	18	18
12	19	17	21	12
Total	58	64	58	52

Hispanic Pregnancy Trend Data by Grade Level



Afr. Amer.	07-08	08-09	09-10	10-11
6	0	0	0	0
7	0	0	0	0
8	0	0	1	1
9	0	7	3	1
10	9	4	5	6
11	11	8	7	3
12	13	15	16	10
Total	33	34	32	21

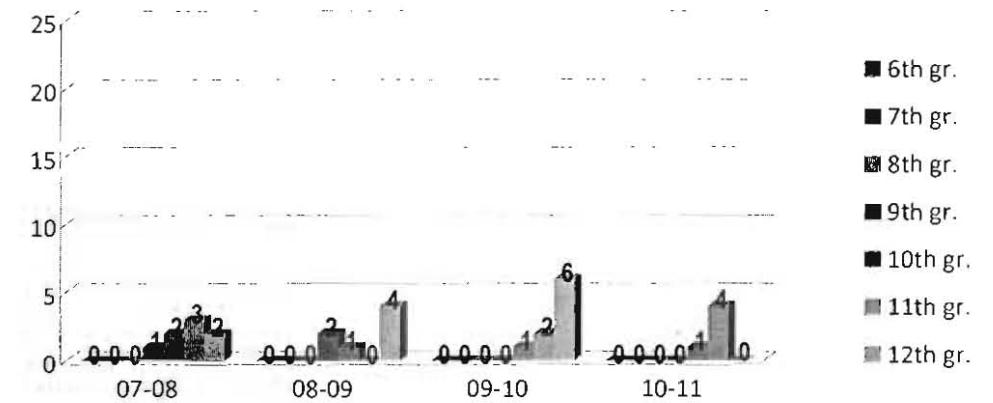
Afr. Amer. Pregnancy Trend Data by Grade Level



Home and Hospital Teaching Trend Data
Dissaggregated by Race

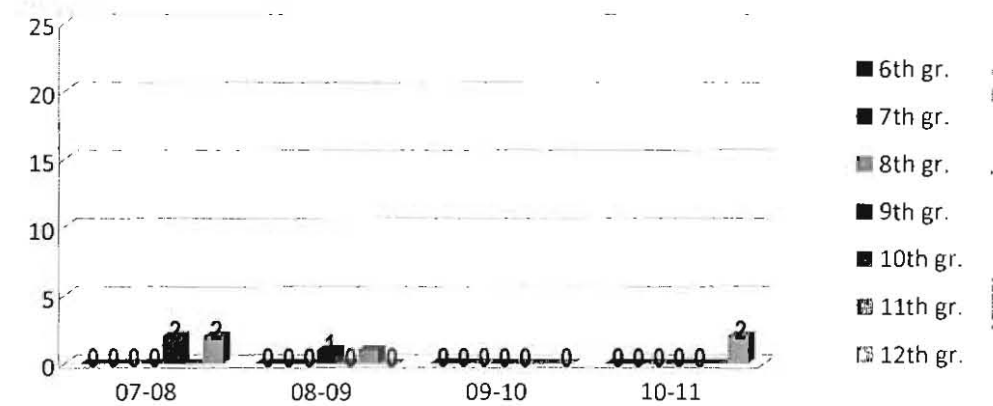
White	07-08	08-09	09-10	10-11
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0
9	1	2	0	0
10	2	1	1	1
11	3	0	2	4
12	2	4	6	0
Total	8	7	9	5

White Pregnancy Trend Data by Grade Level



Asian	07-08	08-09	09-10	10-11
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0
9	0	1	0	0
10	2	0	0	0
11	0	1	0	0
12	2	0	0	2
Total	4	2	0	2

Asian Pregnancy Trend Data by Grade Level





Montgomery County Programs



Crittenton Services of Greater Washington

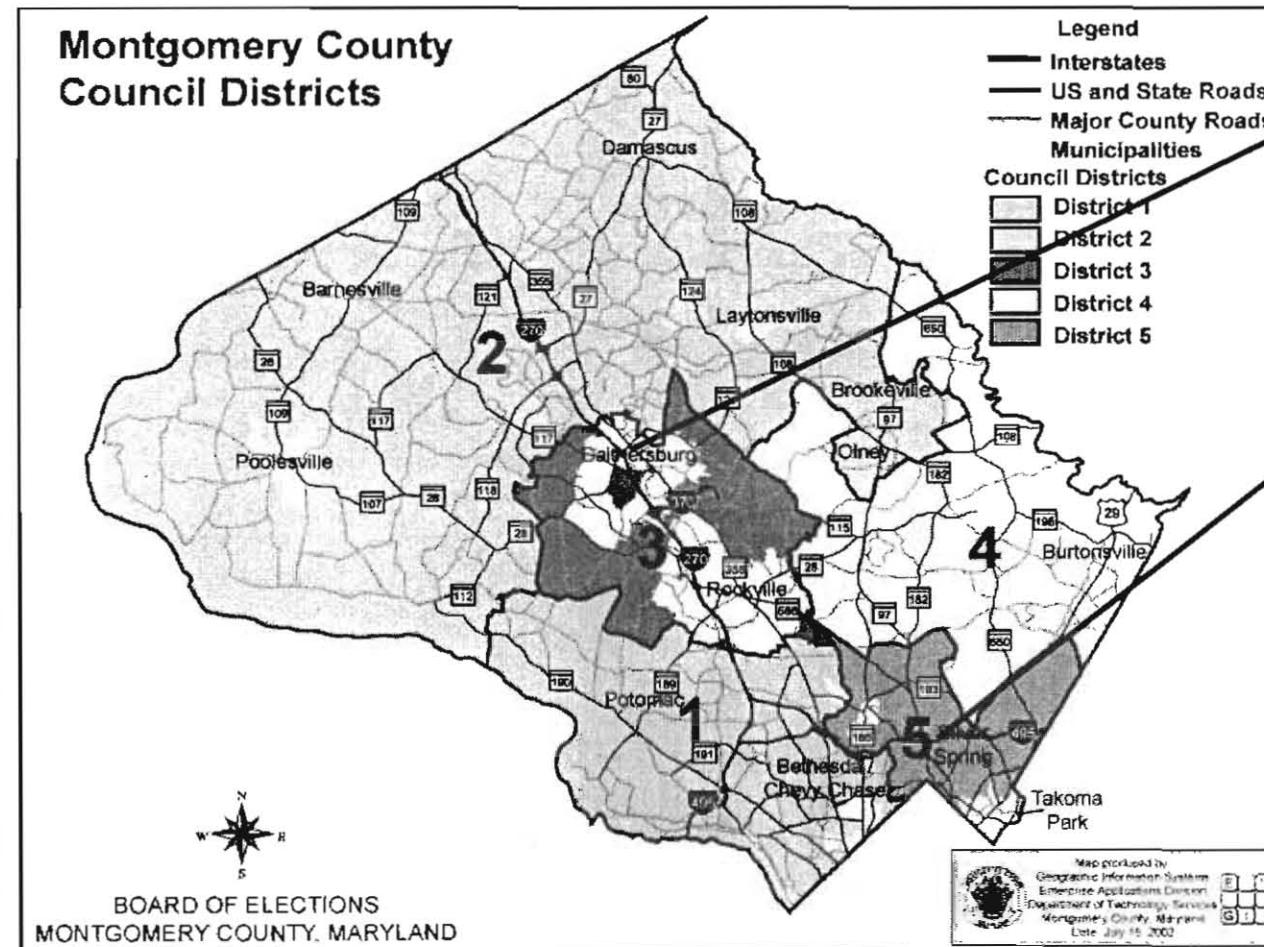
- Is a positive youth development organization that works with teen girls (ages 13 -19) to:
 - Prevent pregnancy, STIs, and HIV.
 - Promote parenting, life, and leadership skills.
 - Prepare for college and meaningful careers.
- Has offered these programs in schools in Montgomery County since 1983, serving more than 10,000 young women.

School Year	Number of Girls	Pregnancy Prevention Rate
2008-2009	129	100%
2009-2010	130	98%
2010-2011	159	100%

Schools Served



Montgomery County Council Districts



Gaithersburg

- Gaithersburg MS
- Gaithersburg HS
- Watkins Mill HS

Silver Spring

- E. Brooke Lee MS
- John F. Kennedy HS

Reproductive Health and Family Planning Services

Montgomery County

September 22, 2011

Reproductive Health/Family Planning Providers

TAYA-Silver Spring and Gaithersburg Sites

- Planned Parenthood-Silver Spring and Gaithersburg
- Mary's Center- Takoma Park
- Montgomery Cares
- Northwood High School Wellness Center
- Private Providers

Montgomery Cares

- All eleven Montgomery Cares Clinics provide reproductive and women 's health services
- All except three of our clinics provide contraception.
- Four of the clinics have a dedicated "Women's Clinic"
- Sixty- eight percent of all patients are women.

Total Clients Served

FY	2008	2009	2010	2011
(n) Teens Served	1878 (44%)	1052 (22%)	1347 (27%)	1239 (25%)
(n) Clients Served	4216	4864	4958	5027

Reproductive Health and Family Health Funding Source

- Title X
- Medicaid
- County General Funds

Reproductive Health and Family Planning Budget

FY	2009	2010	2011	2012
State Title X	546,781	546,781	546,781	459,476
General Funds	197,000	197,000	197,000	167,000
Total	743,781	743,781	743,781	626,476
Total amount in Services	545,800	545,800	545,800	483,000

Family Planning Works Act (FPWA)

- Medicaid eligibility for family planning services to women whose family income is at or below 200% of FPL
- Implementation effective January 1, 2012

Implementation Details

What we do know:

- Program will be a fee-for service model
- Eligibility process - a one page application, with on line access
- LHD will NOT be responsible for screening for eligibility
- Teens able to apply without parental permission
- Women would have to be legal residents

Reproductive Health Work Group Recommendations

- Expand family planning capacity
- Develop culturally competent services for diverse populations
- Education Outreach/use of communication and social media

**Reproductive Health Services in
Montgomery County, Maryland**

January 25, 2010

Submitted by:

The Montgomery County Reproductive Health, Advocacy, and Education Work Group with the
Jacobs Institute of Women's Health at
The George Washington University School of Public Health and Health Services

Susan F. Wood, PhD
Amita N. Vyas, PhD
Marquita N. Campbell

On June 29, 2009, Montgomery County Councilmember Duchy Trachtenberg announced the creation of a new reproductive health work group to develop a blueprint to meet the growing reproductive health care needs of women residing in Montgomery County Maryland.¹

Members of the Reproductive Health, Advocacy, and Education Work Group² include:

- Susan F. Wood, PhD, Associate Professor and Director, Jacobs Institute of Women's Health, The George Washington University School of Public Health and Health Services
- Marielsa Bernard, Associate Judge, Montgomery County Circuit Court
- Dana Beyer, MD, Senior Adviser to Councilmember Duchy Trachtenberg, Montgomery County Council
- Jenny Blasdel, Executive Director, NARAL Pro-Choice Maryland
- Paul Burka, MD, FACOG, Clinical Associate Professor of Obstetrics & Gynecology, The George Washington University Medical Center
- Karen Butler-Colbert, MSN, CRNP, Executive Director, Teen and Young Adult Health Connection
- Barbara Clark, MSN, CRNP, Clinical Director, Mobile Medical Care
- Jennifer Cryor Baldwin, Montgomery County Commission on Women
- Carol W. Garvey, MD, MPH, Chair, Primary Care Coalition of Montgomery County
- Maria Gomez, RN, MPH, President and CEO, Mary's Center for Maternal and Child Care
- Sharon Grosfeld, former Maryland State Senator
- Lisae C. Jordan, Esq. General Counsel, Maryland Coalition Against Sexual Assault
- Laura Meyers, PhD, President and CEO, Planned Parenthood of Metropolitan Washington
- Regina L. Oldak, Montgomery County Commission on Women
- Wendy Royalty, MSW
- Jennifer Todd, DrPH, Director, Public Health Science Program, University of Maryland
- Alan Trachtenberg, MD, MPH Adjunct Associate Professor, Community Medicine, The George Washington University School of Public Health and Health Services
- Amita N. Vyas, PhD, Assistant Professor and Director, Maternal and Child Health, The George Washington University School of Public Health and Health Services
- James F. Walters, Professor, Montgomery College TP/SS
- Linda Wright, MD, Deputy Director, National Institute for Child Health and Human Development

¹ Montgomery County News Release, June 29, 2009

² Affiliations are listed for identification purposes only

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I. Introduction and Background

The following report was a collaborative effort of the Montgomery County Reproductive Health Advocacy and Education work group, and was led and implemented by the Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services. This report describes the current landscape of reproductive health services in Montgomery County Maryland and provides insight into the strengths and needs of service delivery sites, as well as perceptions of barriers women face when accessing or trying to access services. This assessment utilized existing County level data from the Guttmacher Institute and results from a quantitative web based survey of family planning clinics in Montgomery County Maryland.

In 1988, Montgomery County Maryland was home to six county and three private family planning clinics. Upon a recommendation from the Montgomery County Department of Health eight years later in 1995, the Montgomery County Executive made a decision to close down all of its County family planning clinics and to ask one private agency with two clinic sites to be the exclusive provider of family planning services in the County.³ In return, the Montgomery County Council agreed to pass through all Title X money that was previously appropriated for the County's family planning clinics to these private clinics.³ A second agency was founded in 2000 without County funding to meet the considerable unmet needs in the County, creating a total of 3 low-cost family planning sites in the County until 2008. With pressure from the County Council, the available public family planning funding was more widely distributed in 2009, enabling the second non-profit agency to open an additional clinic site and a District of Columbia agency to open a site in Montgomery County. In addition, a private hospital agreed to supplement its maternity services with family planning services for women on Medicaid, so that, as shown in Table 1, there are currently six family planning clinic sites in Montgomery County, Maryland. This report will provide a basic assessment of the family planning clinics in Montgomery County to examine gaps in meeting the current needs.

³ Personal communication, Carol Garvey, 2009

Table 1.

Montgomery County Clinics (1988- 2009)

1988 (n=9)	1995 (n=2)	2008 (n=3)	2009 (n=6)
<p>County Clinics</p> <ul style="list-style-type: none"> • Rockville • Silver Spring • Colesville • Wheaton • Gaithersburg • Poolesville <p>Private Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) • Dr. Chester Wagstaff 	<p>Family Planning Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) 	<p>Family Planning Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) • TAYA (Silver Spring) 	<p>Family Planning Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) • TAYA Health Connection (Silver Spring) • Mary's Center for Maternal and Child Care (Takoma Park) • TAYA Health Connection (Gaithersburg) • Shady Grove Germantown (Medicaid patients only)

II. Epidemiological Assessment: The Need

In 2006, there were approximately 201,690 women residing in Montgomery County.⁴ Approximately 50% (107,560 women) were in need⁵ of contraceptive services and supplies and of those over 17,000 had a family income at or below 250% of the federal poverty level. It is estimated that in 2006, over 30,000 women and teens in Montgomery County were in need of publicly supported⁶ contraceptive services and supplies as defined by the Guttmacher Institute. (See Table 2)

Table 2.⁴

Women of Reproductive Age and Need for Contraceptive Services (2006)			
	All women aged 13-44	Women needing contraceptive services and supplies	Women in need of <u>publicly supported</u> contraceptive services and supplies
US Total	66,380,710	36,214,680	17,485,330
Maryland	1,285,390	695,420	258,560
Montgomery County	201,690	107,560	30,560

⁴ Guttmacher Report, 2006

⁵ Women are defined as in need of contraceptive services and supplies if they are aged 13-44 and meet the following criteria: (1) they are sexually active; that is, they have ever had sexual intercourse; (2) they are fecund, meaning that neither they nor their partners have been contraceptively sterilized, and they do not believe they are infecund for any reason; and (3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant.

⁶ Women are defined as in need of publicly supported contraceptive care if they meet the criteria for needing contraceptive services and supplies, plus at least one of the following: (1) they are aged 20 or older and their family income is below 250% of the federal poverty level, or (2) they are younger than 20, regardless of family income level.

As shown in Tables 3 and 4, there are significant racial/ethnic disparities with respect to need. Although White women comprise 55% of the population in Montgomery County, it is Black (25%) and Hispanic (22%) women who are proportionately most in need of publicly supported family planning services.⁷⁸

Table 3.⁷

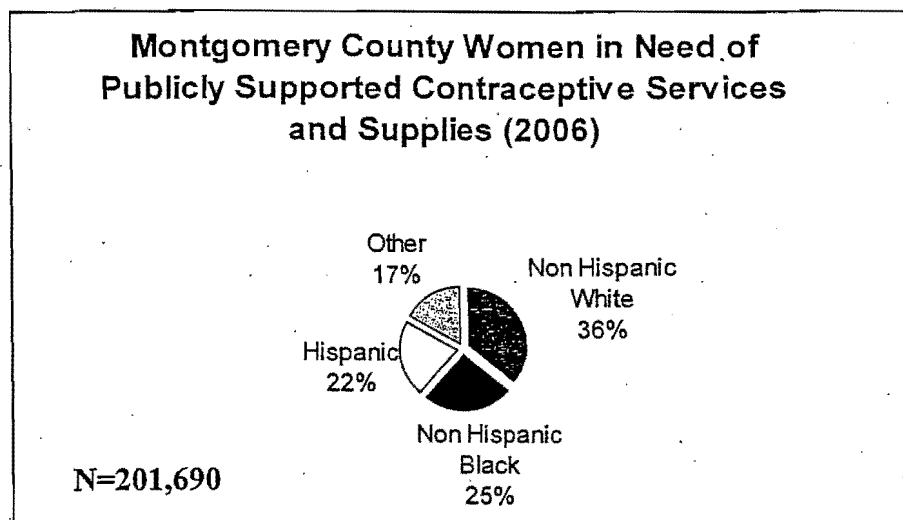
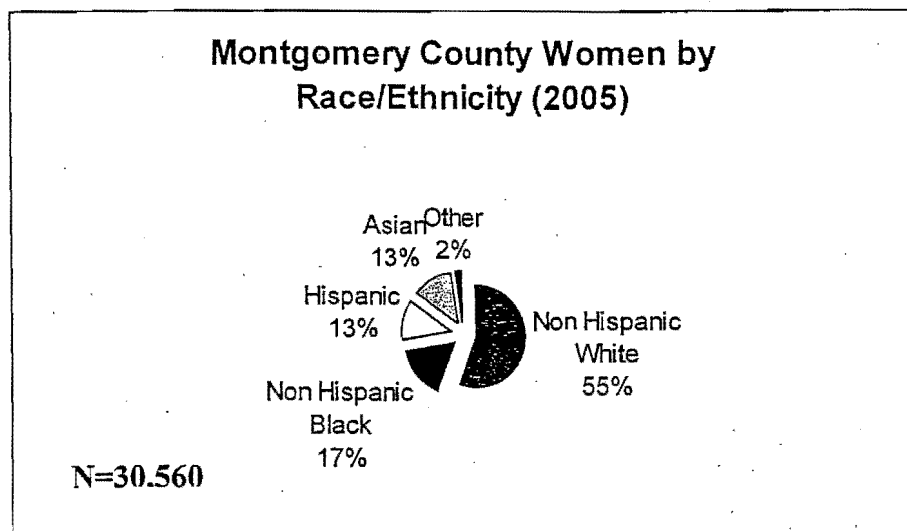


Table 4.⁸



⁷ Guttmacher Report, 2006

⁸ Montgomery County Commission for Women Report, 2007

Unintended Pregnancy and Teen Pregnancy

In the 1980's there was a significant increase in teenage pregnancies in the United States.⁹ However, by 2005, the teenage pregnancy rate had decreased by 41% from its peak in 1990.¹⁰ Unfortunately, recent national trends from the National Center of Health Statistics report a 5% increase from 2005 to 2007 in the birth rate for teens aged 15 to 19 years⁹ with most of this increase having occurred in 2006. Similar to national trends, Montgomery County, Maryland has also experienced an increase in teen birth rates, particularly among young Hispanic women. In 2007, nearly 3% of all births in Montgomery County were to teenagers 18 years old or younger, and Hispanic teens were more than twice as likely to give birth as their White or African American counterparts.¹¹ Data from 2007 examining teen births by race/ethnicity in the County shows that among all women who gave birth to their first child, 3% were White teens, 4% were Black teens and 7% were Hispanic teens.¹¹ Clearly, a more in-depth understanding of the social, behavioral and cultural determinants of teen births among Hispanic girls in Montgomery County is necessary to better address their needs at both the policy and programmatic level.

III. Methods

The findings in this report are from a web-based survey of family planning clinics in Montgomery County and was designed and implemented by faculty and staff from The Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services. The survey consisted of 42 multiple choice questions and 2 open-ended questions, and focused on 10 key domains: general information, demographics, accessibility, funding/insurance, communication, organizational structure, referrals and reminders, staffing/training, reporting requirements for child abuse, and barriers to providing services. (See Table 5.) Members from the Montgomery County Reproductive Health, Advocacy, and Education Work Group reviewed and pilot tested the web-based survey before it was distributed.

⁹ National Center for Health Statistics, 2009

¹⁰ Guttmacher Report, 2006

¹¹ Maryland Vital Statistics Administration, 2007

Table 5.

Web-based Survey	
Domains	Measures
General Information	<ul style="list-style-type: none"> • Self identification of “family planning” clinic status • Services provided
Demographics	<ul style="list-style-type: none"> • Description of the clinic target population by age and gender • Information about the number of clients served in 2007, 2008, and first 6 months of 2009
Accessibility	<ul style="list-style-type: none"> • Transportation options • Types of advertisements used • How clients learn about services • Acceptance of walk-in clients
Funding/Insurance	<ul style="list-style-type: none"> • Types of funding sources received • Acceptance of clients insurance • Percentages of uninsured or self-pay • Sliding fee scale
Communication	<ul style="list-style-type: none"> • Translation services • Information or resources available and visible in the waiting room or patient room in other languages
Organizational Structure	<ul style="list-style-type: none"> • The usual waiting period for a family planning appointment for a “new” patient • The usual waiting period for a family planning appointment for an “established” patient • Mechanisms in place to remind patients about appointments • Mechanisms in place to follow up with patients who missed appointments
Referrals	<ul style="list-style-type: none"> • Mechanisms in place for patients who need referrals for further testing • Referrals for mental health • Referrals for intimate partner violence
Staffing and Training	<ul style="list-style-type: none"> • The number of doctors, physician assistants, nurse practitioners, nurses, nursing assistants, administrative staff (Full Time Equivalent) • After-hour provider availability • Perceptions of staff adequacy • The number of staff trained in adolescent health and development • The number of patient educators
Reporting	<ul style="list-style-type: none"> • The mandated reporter of child sexual assault/abuse
Barriers to Providing Services (open-ended questions)	<ul style="list-style-type: none"> • Respondent’s perceptions of barriers to providing family planning services • Respondent’s perceptions of barriers women/men face when trying to access reproductive health services

IV. Results

Eleven agencies were invited to participate in a voluntary web-based survey: four non-profit family planning agencies (representing 6 clinic sites) and seven pregnancy crisis centers and/or termination clinics. Of the 11 agencies contacted, 3 (representing 5 clinic sites) completed the web-based survey: Planned Parenthood of Metropolitan Washington (combining both Silver Spring and Gaithersburg clinics), Teen and Young Adult Health Connection (Silver Spring), Teen and Young Adult Health Connection (Gaithersburg), Mary's Center for Maternal and Child Care and Birthright.¹²

Below, is a summary of the web-based results for the family planning clinics by domain:

A. General Information

Three family planning agencies representing 5 clinic sites completed the survey and 2 agencies identified themselves as a "family planning clinic". Four of the 5 clinics primarily serve Montgomery County clients and all 5 clinics accept walk in patients. All clinics provide gynecologic care as well as multiple types of contraceptive services and STD treatment. Three clinics provide prenatal care with the 2 others providing referral to prenatal care. One clinic site provides pregnancy termination.

Table 6. Types of family planning services provided by Montgomery County clinics (n=4)

Types of family planning services	# of clinics who provide services
❖ Gynecological Care	5
❖ Pre-Natal Counseling	3
❖ Pre-Natal Care	3
❖ Referrals for Pre-Natal Care	2
❖ Types of Contraceptives	
• Oral	5
• NuvaRing	5
• Depo-Provera	5
• IUD	5
• Male condoms	5

¹² As only partial responses were received from the crisis pregnancy center, this report contains only analyses resulting from the publicly funded family planning clinics.

• Female Condoms	4
• Diaphragm	4
• Cervical Cap	2
• Implanon	1
• Emergency contraceptives	5
❖ STD testing and treatment	5
❖ HIV testing	5
❖ Hepatitis C Testing	3
❖ Pregnancy Terminations	1
❖ Primary Care	2
❖ Pediatrics	1
❖ Intimate Partner Violence Counseling Referral	5
❖ *Other: Case Management	1
❖ *Other: Vaccinations	1
❖ *Other: General Counseling	1

B. Patient population Demographics

Of the 5 clinics, all serve both female and male clients, one serves clients under 12 years of age, and two provide services for homosexual and transgender individuals. All sites provide Spanish translation services and one site has language line services. Table 7 provides clinic reported data on the number of clients served between 2007 and 2009.

Table 7. Number of Montgomery County clients served between 2007 -2009 by clinic (n=4)

	2007	2008	First 6 months of 2009
Clinics 1 and 2	8824	6969	4588
Clinic 3	1550	2100	1500
Clinic 4	Not Open	~250	~250-300
Clinic 5	Not Open	Not Open	300
Total Clients Served	10,374	~9,319	~6,638-6,688

C. Accessibility

As shown below, most clinic sites are available to patients via public transportation and most clinics utilize some form of marketing to reach out to patients in the County. Interestingly, only one clinic reported education and outreach as a means to publicize their services in the County.

Table 8. Montgomery County Clinic Public Transportation Options (n=5)

Types of transportation	# of clinics who are public transportation accessible
Metro Train	3
Metro Bus	5
Ride On	5

Table 9. Publicity/Outreach used by Montgomery County Clinics (n=4)

	# of clinics who provide publicity options
Advertisement	4
• Fliers	4
• Network with other organizations	3
• Newspaper	1
• Radio	2
Family/Friend Referral	4
School Nurses	3
Other Organizations that service the same population	3
Education and Outreach	2

The survey also found that the usual waiting period for a Family Planning appointment for a NEW patient was more than one day for 3 clinics and more than one week for 1 clinic. With respect to appointments for ESTABLISHED patients, 3 clinics have a waiting period of more than one day, but 1 clinic is able to see patients on the same day.

D. Funding/Insurance

All of the clinics accept uninsured patients, and all clinics have a sliding scale payment option with \$0/free services. Three of the four clinics receive Title X funds and some clinics receive other public funds (See Tables 10 and 11)

Table 10.
Types of Funding Received by Montgomery County Clinics¹³ (n=5)

	# of clinics who receive funding
Title X funds	3
Title XX funds	1
Other Federal funding (FQHC)	1
MOCO (Montgomery Well- Woman)	2
Montgomery Cares	1
*Other: Montgomery Care for Kids	1

Table 11. Percentage Montgomery County clinic clients who are uninsured or self-pay (n=5)

	% of clients uninsured or self-pay
Clinics 1 and 2	69
Clinic 3	90
Clinic 4	85
Clinic 5	95

E. Reminders & Referrals

Reminders systems are an important process for all health care delivery sites and all five clinics provide clients with reminders for upcoming appointments and 3 clinics reach out to clients after missed appointments. All 5 clinics provide referrals for both mental health services and intimate partner violence.

¹³ Most clinics report more than one funding source

Table 12. Montgomery County clinic follow-up and referral mechanisms to contact Clients (n=5)

	# of Montgomery County clinics who have a follow-up or referral mechanism to contact clients
To remind clients about UPCOMING appointment	5
To remind clients about MISSED appointment	3
To contact patients who have been referred for further services	2
To provide Mental Health referrals	5
To provide Intimate Violence referrals	5

F. Staffing and Training

Three of the clinics reported having an after-hour licensed on-call provider, and 2 of the clinics allow clients to choose their own provider. Four of the clinics perceived that they are adequately staffed. However, 3 of the clinics reported not having any staff trained in adolescent health and development, 2 clinics reported having between 1 and 3 staff members with adolescent health and development training.

Tables 13 and 14 identify the providers who provide health education and the number of full time staff at each clinic. As shown, various types of clinic staff provide health education, and the clinics have between 7 and 12 full time staff. Nurse practitioners and medical assistants make up a significant part of the staff with only one clinic having physicians as full time staff.

Table 13. The number of clinics who provide client/patient education by staff provider (n=5)

Types of staff	# of clinics who provide client/patient education
Physician	1
Physician Assistants and Nurse Practitioners	4
Nurses	1
Certified Health Educator	3
Counselors	2
Medical Assistant	1
Social Worker	1

Table 14. The number of Full Time Equivalents (FTEs) staff at each clinic

	Physician(s)	Physician Assistant(s)	Nurse Practitioner(s)	Nurse(s)	Nursing/Medical Assistant(s)	Administrative Staff	Total
Clinics 1 and 2	0	0	2	No Response	8	2	12
Clinic 3	0	0	2	0	1	4	7
Clinic 4	2	0	1	1	3	2	9
Clinic 5	0	0	2	0	1	4	7

G. Reporting

All clinics indicate that the person who identifies child abuse and the health care provider is the person required to report it to authorities. Other staff or management is also identified as responsible for reporting child abuse in several of the clinics (Table 15)

Table 15. Mandated reporter(s) in charge of reporting of child abuse in Montgomery County clinics (n=5)¹⁴

Mandated reporter	# of clinics
Director	3
Provider	5
Social Worker	3
Administrative Staff	2
Person who identifies the abuse	5

¹⁴ Most clinics report more than one mandated reporter

H. Barriers to Providing Family Planning Services

All four clinics provided information regarding their perceptions of barriers to care from both a clinic perspective as well as their observations of barriers to care faced by women accessing or trying to access services. Given much of the data provided in the survey, the list of barriers cited is surely not surprising and is in line with other studies looking at barriers to care, particularly for low-income women.

Survey respondent's perception of barriers to providing family planning services in Montgomery County include:

- Access
- Cost of facilities and supplies
- Too many patients and not enough providers
- Cost to both the provider and patient
- Low reimbursement levels

Survey respondent's perception to barriers women and men face in Montgomery County when trying to access reproductive health services include:

- Access
- Fear of being reported, (i.e. illegal status)
- Fear of judgment
- Embarrassment
- Lack of knowledge of where to go
- Lack of insurance
- Lack of money for childcare
- Lack of money for transportation

V. Discussion & Recommendations

The findings in this report bring together County level data with clinic-specific characteristics and needs. Together, these findings shed light on areas of concern from both a provider perspective and that of low-income women residing in the County. According to the 2006 Guttmacher report, approximately 30,000 women are in need of publicly supported contraceptive services and supplies in Montgomery County, Maryland.¹⁵ The data analysis from this web-based survey reveals that in 2007, Montgomery County family planning clinics serviced approximately 10,374 clients and 9,319 clients in 2008. In the first 6 months of 2009, Montgomery family planning clinics served approximately 6,638 clients. This indicates an increase in use of family planning clinics by over 40% compared with last year. It also suggests that only about 1/3 of women in Montgomery County in need of publicly supported reproductive health care are currently receiving it. There may be an even greater unmet need during this recession. Because of increasing capacity, greater numbers of women were served in the first six-months of 2009 than in earlier 6-month periods. Regardless, the need for reproductive health and family planning services among low-income women and teens far surpasses the services provided through public funding in Montgomery County. It is probable that some low-income women may be receiving family planning services through private medical providers or through publicly funded clinics outside of Montgomery County. However, it appears that substantial numbers of low-income women and teens are not accessing care.

Several recommendations have been put forth by the Reproductive Health, Advocacy, and Education work group regarding publicly funded reproductive health services:

- Recent national trends indicate that teen births are on the rise and that after 15 years of a downward trend, it is time to refocus attention to adolescent pregnancy and births. Montgomery County is home to a large number of Hispanic teens for whom the teen birth rate is disproportionately high—the County may want to consider convening a task force to take an in-depth look into the unique

¹⁵ Guttmacher Report, 2006

reproductive health and service needs of this population. Furthermore, the majority of staff at the clinics who responded to the survey do not have adequate training in adolescent health and development and this may be an immediate area of need that clinics can address. Although several small studies have been conducted around the County, there has not been a recent coordinated effort to bring together data to inform future policy and programmatic efforts by family planning clinics.

- Only one clinic in the survey identified education and outreach as a method of publicizing and marketing services. Outreach efforts into specific communities ought to be considered in order to meet the needs of low-income women. Reaching out to community organizations and faith based groups may be one way to provide broad-based health education as well as information on services available to women residing in Montgomery County. Furthermore, use of new social media and other web 2.0 technologies may assist clinics in reaching populations of need, particularly young people.
- Immigration status/legal status was cited as a barrier women may face when seeking care and needs to be addressed.
- Minority women disproportionately comprise the low-income population in Montgomery County. Reproductive health services must have the resources to provide culturally competent services to meet this growing and large demand.
- Efforts should continue to expand capacity and access by increasing the number of family planning sites and broadening their geographic reach. Findings from a recent Guttmacher Institute report illustrated how robust family planning waiver programs along with Title X subsidies affect availability of family planning services. The County may consider advocacy at the state level that would lead to a more expansive family planning waiver program modeled after New York, California, Washington, Oregon, Wisconsin or one of the other states with healthier waiver programs.
- Finally, this report may be viewed as a first step in gathering pertinent information on barriers to reproductive health care for women in Montgomery County Maryland. The work group recommends further study and assessment to

identify other avenues by which Montgomery County women obtain family planning services since the need is substantial. Furthermore, it should be noted that in FY09, as a result of the scarcity of family planning services in the county, the Montgomery County Primary Care Coalition added several oral contraceptive formulations and other contraceptive methods to its drug formulary.¹⁶ Initial results from publicly funded primary care clinics have confirmed that some of them provide limited family planning services to their patients. The Montgomery County Reproductive Health, Advocacy, and Education Work Group can continue to collaborate with the Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services to query and describe the Montgomery Cares clinics and other points of care that provide both primary care and family planning services to more clearly define the unmet need in Montgomery County, and to consider new strategies and recommendations to address this need.

¹⁶ Personal communication, Carol Garvey, 2009

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